

**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

|                        |                      |
|------------------------|----------------------|
| Application Number     | 10/550,667           |
| Filing Date            | June 28, 2006        |
| First Named Inventor   | Jean-Philippe Starck |
| Art Unit               | 1626                 |
| Examiner Name          | Shawquia Young       |
| Attorney Docket Number | 05-765               |

**ENCLOSURES** (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request For Recalculation Of Patent Term Adjustment In View Of Wyeth. |
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**Remarks**

Applicants believe no fees are due but, nevertheless, authorize the Patent Office to charge all necessary fees to deposit account 13-2490.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | McDonnell Boehnen Hulbert & Berghoff LLP |          |        |
| Signature    | /Michael S. Greenfield/                  |          |        |
| Printed name | Michael S. Greenfield                    |          |        |
| Date         | February 15, 2010                        | Reg. No. | 37,142 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                         |      |                   |
|-----------------------|-------------------------|------|-------------------|
| Signature             | /Michael S. Greenfield/ |      |                   |
| Typed or printed name | Michael S. Greenfield   | Date | February 15, 2010 |

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